



CERTIFICATE OF OCCUPANCY

APPLICATION

DEVELOPMENT SERVICES DEPARTMENT
150 SOUTH PALM AVE, RIALTO, CA 92376
(909) 820-2505 FAX (909) 873 - 4814

Business Contact Information

<u>Company/Business Name:</u>		<u>Applicant Name:</u>	
		<u>Planned Start Date of Business:</u>	
<u>Business Address:</u>		<u>Project #</u>	
<u>Business Phone:</u>	<u>Email:</u>	<u>Alt. Ph #:</u>	
<u>Mailing Address other than business (if any):</u>			
<u>Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>

Business Information

Check all that apply: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ New Business
☐ Change of Ownership ☐ Change of Business Name ☐ Change of Use ☐ Additional Occupancy

Business Type: ☐ Office ☐ Commercial ☐ Industrial ☐ Home Occupancy ☐ Apartments

Business Description:

Total Sq. Ft. Occupied: _____ Total Employees: _____ How Long Vacant _____
No. of Off-Street Parking Spaces: _____ No. of Disabled Parking Spaces: _____
Previous Use of Building _____

Business Materials Used:

(Check all that apply, indicate size, type or quantity):

___ Acid ___ Chemical Solvents ___ Explosive Materials ___ Corrosive Chemicals ___ Flammables
___ Spray Booth ___ Medical Gas ___ Grease Trap ___ Lead Acid batteries ___ Cryogenic Materials
Quantity Used Per Month: _____ Quantity Stored Per Month: _____

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

Sign _____ **Print Name** _____ **Date** _____

Note: This certificate will not be approved and issued until all applicable permits, fees, inspections and required corrections have been completed. Please allow up to three weeks for processing.

Official Use Only

Zoning _____ Occupant Load _____ ☐ Conditional Use ☐ Denied at above Location

Comments

Restrictive Uses:

Division Approvals	Initials	Print Full Name	Date
Building:			
Planning:			
Engineering:			
Fire:			